<u>Provider Type/Claim Type Combinations Processed Through ClaimsXten™</u>

Provider Type	Professional Claims	Outpatient Claims
01 – Hospital - General		Y (Excluding Type of
		Bill 13X)
02 – Hospital - Mental		Υ
04 – Dentist	Υ	
05 - Physician	Υ	
06 – Podiatrist	Υ	
07 – Optometrist	Υ	
08 – Optical Outlet	Υ	
09 - Pharmacy (Supply/DME)	Υ	
10 – Home Health		Υ
12 – Independent Laboratory	Υ	
13 – Transportation	Υ	Υ
14 – Supply	Υ	
16 – Clinic - Practitioner	Υ	
17 – Physical Therapist	Υ	
18 – QMB Benefits	Υ	
19 – Audiologist	Υ	
20 – Nursing Facility		Υ
21 - Nursing Facility - ICF/IID	Υ	Υ
22 – Nurse-Midwife	Υ	
24 — Non-Physician Practitioner - Individual	Y	
25 — Non-Physician Practitioner - Group	Υ	
26 – Osteopath	Y	
27 – Speech Therapist	Y	
28 – Occupational Therapist	Y	
29 - Family Planning Clinic	Υ	
30 - Psychiatric Residential Treatment Facility		Υ
32 — Federally Qualified Health Center (FQHC)	Υ	Y
33 – Dialysis Center	Y	Y
35 – Community Mental Health Center	Y	
37 – Licensed Psychologist	Y	
38 – Licensed Behavioral Health Clinician	Y	
39 – Physician Assistant	Y	
40 – Certified Registered Nurse Anesthetist (CRNA)	Y	
41 – Nurse Practitioner	Y	
44 – Ambulatory Surgery Center (ASC)	Y	
45 – Rural Health Clinic	Y	Υ
46 – Developmental Evaluation Clinic	Υ	'
47 – Clinic - Dental	Υ	
48 – Rehabilitation Agency	Υ	Υ
49 – X-Ray Facility	Υ	
50 – Hospice	ı	Υ
51 – School Health Services	Υ	
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Provider Type	Professional Claims	Outpatient Claims
52 – Residential Child Care Facility	Υ	
58 – Birthing Center	Υ	
60 – Personal Care Agency	Υ	
61 – Indian Health Services - FQHC	Υ	Υ
62 – Indian Health Services - Pharmacy (Supply/DME)	Υ	
63 – Substance Use Disorder - Individuals	Υ	
64 – Substance Use Disorder - Clinic	Υ	
73 – Transportation	Υ	Υ
74 – Supply	Υ	
76 – Genetic Counselor	Υ	
83 — Behavioral Therapy Clinic	Υ	
84 – Behavioral Therapist	Υ	
86 – Community Clinic		Y (Excluding Type of
		Bill 13X)

Provider Type/Claim Type Combinations Excluded from ClaimsXten™

Provider Type	Professional Claims	Inpatient Claims	Long Term Care (LTC) Claims	Dental Claims
01 – Hospital - General		Y	Υ	
02 – Hospital - Mental		Υ		
04 – Dentist				Υ
11 – Case Management Agencies (including Community Centered Boards [CCB] and Intensive Case Managers)	Y			
20 - Nursing Facility			Y	
21 - Nursing Facility - ICF/IID			Υ	
32 — Federally Qualified Health Center (FQHC)				Υ
36 – Home & Community-Based Services (HCBS) & Waiver Providers	Υ			
47 – Clinic - Dental				Υ
61 – Indian Health Services – FQHC		Υ	Y	Υ
66 – Dental Hygienist				Υ

Note: All claims submitted with Medicare information (Medicare Crossover) are excluded.